## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as included unless corrected below or directed otherwise in Block I, by all specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

Brian J. Walsh Patent Departme ZymoGenetics, I 1201 Eastlake A: Seattle, WA 981!	nc. venue East	/2006	hav 1 he Stat add	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of malling or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(3) Transmittal is being deposited with the United States Fortal Service with sufficient postage for first class mail in an envelope addressed to the Mill Stop (SUCF EE) address show, or being facismic unanimited to the USPTO (\$71) 273-2835, on the date indicated below.  (Depositer anno)		
Scaule, WA 361	02					(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/719,205 TITLE OF INVENTION	11/21/2003 : ADIPOCYTE COMPI	EMENT RELATED PRO	Betty A. Haldeman OTEIN ZACRP3X2		00-111D1	3256
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	S0	\$1000	01/04/2007
EXAMINER .		ART UNIT	CLASS-SUBCLASS			
O'HARA, I	EILEEN B	1646	435-006000	•		
1. Change of correspondence address or indication of "Fee Address" (97 CRT. 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) statched.  Change of correspondence address (or Change of Correspondence Address from PTO/SS/122) and the Change of Correspondence Address from PTO/SS/1222) and the Change of Correspondence Address from PTO/SS/1222) and the Change of Correspondence Address from PTO/SS/1222) and the Correspondence Address from PTO/SS/1222) and the Correspondence Address from PTO/SS/1222) and the Correspondence Address from PTO/SS/						
Advance Order -	do small entity discount # of Copies5	permitted)	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-0308 is stateched.  Understood to be brothy authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 26—12.90 (caclose an extra copy of this form).			
<ol> <li>Change in Entity Sta</li> <li>a. Applicant claim</li> </ol>	tus (from status indicate is SMALL ENTITY stat		b. Applicant is no lor	ger claiming SMALL	ENTITY status. See 37 CF	R 1.27(e)(2)
NOTE: The Issue Fee an	d Publication Fee (if re-	quired) will not be accepte			ered attorney or agent; or th	
Authorized Signature	Buen	J. Wa	bl	Date Nove	ember 13, 2006	
Typed or printed nam				Registration No.		
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, Alexandria, Virginia 223	nation is required by 37 stallity is governed by 3. d application form to the ions for reducing this by irginia 22313-1450. D 313-1450.	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR the USPTO. Time will varued and the sent to the ONOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi- ne Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 mi vidual case. Any com er, U.S. Patent and To O THIS ADDRESS:	public which is to file (and mutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f	by the USPTO to process) gathering, preparing, and the you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.